

2014 NVDRS Implementation Manual

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Appendix A

Sample Letter of Invitation to Stakeholder Meetings

Date

Name

Title

Agency

Address

City, State, Zip Code

Sample

Dear _____:

The **State Health Department Name** is participating in the National Violent Death Reporting System (NVDRS), with data collection occurring at the state and local level. I would like to invite you or a representative of your agency to participate in a stakeholder meeting for this state reporting system.

The goal of this system is to capture information from multiple sources on all violent deaths. The information gathered in this system will be able to inform police, public health officials, violence prevention groups and policy makers in our community about the best ways to reduce violence here in **(state)**.

To facilitate the development of the NVDRS, a stakeholder meeting is being held. The meeting will be held on **(date and time)** and will not extend beyond two hours.

The meeting will focus on the technical aspects of developing and implementing the reporting system. Meeting attendees will include individuals/organizations with experience in conducting injury reporting systems as well as persons representing organizations that can provide the needed data (coroners/medical examiners, law enforcement, vital records, and crime laboratories).

Please contact **(name)** at the State Health Department at **(phone number and e-mail address)** if you or someone from your agency are able to attend. Thank you for your consideration, support and assistance.

Sincerely,

Appendix B

Sample Mission Statements

Sample # 1:

The (reporting system) is dedicated to the reduction of violent injuries and deaths.

The (reporting system) provides comprehensive, objective, and accurate information (data) regarding violence-related morbidity and mortality.

The (reporting system) collaborates with policy makers, community-based organizations and agencies, and with individuals at local, regional and national levels to support effective prevention strategies.

Sample # 2:

Our Mission is to:

Increase scientific understanding of violent injury through research

Translate research findings into prevention strategies

Disseminate knowledge of violent injury and prevention to professionals and the public

Appendix C

Sample Letter of Invitation for Advisory Board Members

Date

Name

Title

Agency

Address

City, State, Zip Code

Sample

Dear _____:

The **State Health Department Name** is participating in the National Violent Death Reporting System (NVDRS), with data collection occurring at the state and local level. I would like to invite you or a representative of your agency to participate on an advisory board for this state reporting system.

The goal of this system is to capture information from multiple sources on all violent deaths. The information gathered in this system will be able to inform police, public health officials, violence prevention groups and policy makers in our community about the best ways to reduce violence here in **(state)**.

To facilitate the development of the NVDRS, an advisory board is being established. The board will meet quarterly. Working meetings will be held on **(days) (morning/afternoon)** and will not extend beyond two hours.

The board will focus on the technical aspects of developing and implementing the reporting system. The board will be made up of individuals/organizations with experience in conducting injury reporting systems as well as persons representing organizations that can provide the needed data (coroners/medical examiners, law enforcement, vital records, and crime laboratories).

Please contact **(name)** at the State Health Department at **(phone number and e-mail address)** if you or someone from your agency would be able to serve on the advisory board. Thank you for your consideration, support and assistance.

Sincerely,

Appendix D

Suggested List of Advisory Board Members

Academic Departments

- Biostatistics
- Criminal Justice
- Development
- Epidemiology
- Psychology
- Rehabilitation & Disability

American College of Emergency Physicians

Anti-Violence Advocates

Bureau of Alcohol, Tobacco, and Firearms

Child Fatality Review Committee

City Health Departments

- Health Educator/Health Commissioner

Community Groups

- Youth Service Organizations

Coroner/Medical Examiner Association (C/ME)

- State or local C/ME
- Toxicologist

Department of Justice (or equivalent)

Department of Natural Resources

- Hunter Safety Coordinator

Domestic Violence Service or Prevention Organizations

Emergency Medical Services

Emergency Nursing Association

Faith Community

Federal and State Prosecutors

Fire and Police Commission

Firearm Owners/Shooters Association

- National Rifle Association state affiliate

Hospital/Trauma Center

- ED Nurse/Physician
- Trauma Nurse/Physician

Local Business

Local or State Politicians

Police/Sheriff Department

- Police Management/Data/Research

Professional Law Enforcement Associations

- Police Chiefs' Association

State Crime Laboratory

- Firearm/Toolmark Examiners

State Public Health Association

Suicide Prevention Organization

Vital Records/Statistics

Appendix E

Sample Summary Elements for an IRB Protocol

Introduction: Statement of hypotheses, aims and objectives

Sample Language:

The program of ongoing surveillance and reporting described in this summary protocol does not involve clinical research, but does involve the observation of human behavior recorded in such a manner that human subjects are necessarily identified both directly and through identifiers linked to the subject. Subjects include injury victims as well as perpetrators and, depending upon the circumstances of the event, may include identification of relatives and acquaintances of injury victims and perpetrators. The observations of human subjects, if they became known outside the program, could reasonably place some subjects at risk of liability or be damaging to their financial standing or employment. Further, the research and analysis contemplated here may deal with sensitive aspects of a subject's own behavior such as violent or illegal conduct and drug or alcohol use. See, 45 CFR Section 46.101. While basic injury surveillance is not considered human subjects research by the CDC, these linked data sets and analyses conducted with information collected in this project may be deemed human subjects research by institutional review boards.

Funding sources

Duration of funding

Anticipated duration of project (may be different than the duration of current funding)

Need for the project/program and potential benefits

Sample Language:

The purposes for collecting and maintaining accurate and complete information about violent and intentional injuries including all firearm injuries are to assist in the development and evaluation of policies and strategies designed to reduce injuries and deaths.

Each year over 57,000 violent deaths occur in the United States. Violence-related death and injuries cost the U.S. \$107 billion in medical care and lost productivity. Tragically more than 40,000 people die by suicide in the United States each year. Homicide claims over 17,000 people in this country annually. Violence is preventable and we know these numbers can be reduced.

While progress has been made to further our understanding of intentional injuries, little is known about emerging trends and characteristics of these events either nationally or within states or communities. Important questions either cannot be answered, or resources are not in place to shed light on this important public health problem, so that effective prevention strategies can be developed, tested and evaluated. This project links information regarding intentional injuries that

when analyzed may yield critical information for the development and evaluation of violence prevention programs.

Risk to human subjects

Sample Language:

The right of individuals to privacy creates a duty to protect confidentiality to assure that neither identifying information nor records are disclosed without authorization. This includes the risks associated with potential unauthorized disclosure of identifying information (i.e., unauthorized disclosure of privileged communications, release of mental health records, release or modification of electronic records, etc.) including the risk of state and federal privacy law violations.

Unauthorized disclosure or disclosure of information in violation of law or policy by any employee, intern, contractor or associated researcher will be subject to disciplinary action and will be reported to the appropriate employment, academic, or professional authority. Volunteers shall be apprised of these policies and execute an agreement subjecting them to these conditions. In the event that this project receives a request, subpoena or order from any governmental body for production of information or records that may include information identifying or tending to identify individuals, legal counsel will be consulted immediately.

In addition, the method for protecting confidential information should also be addressed. Though the purpose of a reporting system is to collect and make available comprehensive information, the collection and maintenance of linked, identifiable information, especially in an electronic database, creates a duty to preserve such information from disclosure, destruction, or corruption.

Request for exemption or expedited review

Sample Language:

Other than the risks involved in unauthorized public disclosure, human subjects are not at risk of intrusive injury or other physical harm or disease as a result of this proposed surveillance, interpretation and analysis. Therefore, this summary of protocol is eligible for an expedited review.

Description of data elements

This may include or be the same as the Uniform Data Elements¹³ (which includes the data elements and the corresponding data providers). This may also be accomplished by attaching a data collection form. Additional data elements should be noted as well.

Participation in the NVDRS

A description of how information will be shared with researchers and the NVDRS should be included (see section on Privacy Protection and Information Policies).

Appendix F

Open Records Request

Date

Name

Title

Agency

Address

City, State, Zip Code

Sample

Dear _____:

I am writing to request records under the (State) Open Records Law, Sec XXXX (State) Statutes.

Specifically, I request a copy of the (police/medical examiner/crime lab) report on the (type of death) of (victim name/suspect name) that occurred on mm/dd/yyyy.

I am with the State Health Department. This information will be entered in our existing database of violent deaths (homicide, suicide, unintentional firearm deaths and deaths of undetermined intent) for (state/location). Personal identifiers are maintained confidentially. I understand there may be a fee for each page of the report copied. Please advise me on the most efficient way to submit this payment. I appreciate your assistance with this request. If you have any questions, I can be reached at (phone number). Should any portion of this request be denied, I request that such denial be made in writing in accordance with Sec. XXXX, (State) Statutes.

Cordially,

Appendix G

Letter for Contacting Data Providers

Date

Name

Title

Agency

Address

City, State, Zip Code

Sample

Dear Data Provider:

I am writing to let you know about a statewide initiative to assemble data on homicides, suicides, and other violent deaths that occur in our state. The data can be used to track the magnitude, trends, and characteristics of violent deaths in order to inform the development and implementation of violence prevention strategies, which will ultimately save lives. I would like to meet with you to get your perspective on this and to ask your assistance.

I am looking to put in place a Violent Death Reporting System (VDRS) that collects comprehensive data for use in planning and evaluating policies aimed at preventing injuries and fatalities. Likewise, the VDRS will coordinate, collect and analyze data from data sources such as vital records, medical examiners/coroners, law enforcement, and crime laboratories. Our efforts are funded through a cooperative agreement with the federal Centers for Disease Control and Prevention.

I will be contacting you by phone to follow-up. In the meantime, if you have any questions or concerns, please feel free to contact me at (phone number). Thank you for your consideration in this important and timely project.

Sincerely,

Appendix H

U.S. Standard Certificate of Death

LOCAL FILE NO.		U.S. STANDARD CERTIFICATE OF DEATH		STATE FILE NO.	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX		3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR		4c. UNDER 1 DAY	
5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State or Foreign Country)			
7a. RESIDENCE-STATE		7b. COUNTRY		7c. CITY OR TOWN	
7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE	
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
14. PLACE OF DEATH (Check only one; see instructions)		15. FACILITY NAME (If not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE	
17. COUNTY OF DEATH		18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT	
23. LICENSE NUMBER (Of Licensee)		24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)	
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month)		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		33. PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I		34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
41. LOCATION OF INJURY: State: _____ City or Town: _____		42. STREET AND NUMBER: _____ Apartment No.: _____		43. ZIP CODE: _____	
44. DESCRIBE HOW INJURY OCCURRED:		45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		46. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (See 32)		48. SIGNATURE OF CERTIFIER		49. TITLE OF CERTIFIER	
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (See 32)		51. LICENSE NUMBER		52. DATE CERTIFIED (Mo/Day/Yr)	
53. FOR REGISTRAR ONLY-DATE FILED (Mo/Day/Yr)		54. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MDiv, MHA, MPA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDO, DVM, LL.B., JD)		55. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____	
56. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)		57. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).		58. KIND OF BUSINESS/INDUSTRY	

Supplementary Homicide Report

SUPPLEMENTARY HOMICIDE REPORT

1-704 (Rev. 1-12-11)
OMB No. 1510-0002
Expires: 8-31-17

This report is authorized by law Title 28, Section 534, U.S. Code. While you are not required to respond, your cooperation in using this form to list data pertaining to all homicides reported on your Return A will assist the FBI in compiling comprehensive, accurate data regarding this important classification on a timely basis. Any questions regarding this report may be addressed to the FBI, Criminal Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone 304-625-4830, facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 9 minutes to complete.

1a. Murder and Nonnegligent Manslaughter

List below for each category specific information for each murder and nonnegligent homicide and/or justifiable homicide shown in item 1a of the monthly Return A. In addition, for justifiable homicide list all justifiable killings of felons by a citizen or by a peace officer in the line of duty. A brief explanation in the circumstances column regarding unfounded homicide offenses will aid the national Uniform Crime Reporting Program in editing the reports.

[illegible]

** - See reverse side for explanation

Month and Year	Agency Identifier	Prepared by / E-mail address	Title
Agency	State	Sheriff, Chief, Superintendent, Commanding Officer	

DO NOT WRITE HERE	
Recorded	
Edited	
Entered	
Verified	
Adjusted	

SUPPLEMENTARY HOMICIDE REPORT (Continued)

1b. Manslaughter by Negligence

Do not list traffic fatalities, accidental deaths, or death due to the negligence of the victim. List below all other negligent manslaughters, regardless of prosecutive action taken.

[illegible]

* - Situations A - Single Victim/Single Offender
 B - Single Victim/Unknown Offender or Offenders
 C - Single Victim/Multiple Offenders

D - Multiple Victims/Single Offender
E - Multiple Victims/Multiple Offenders
F - Multiple Victims/Unknown Offender or Offenders

Use only one victim/offender situation code per set of information. The utilization of a new code will signify the beginning of a new murder situation.

** - Age - 01 to 99. If 100 or older use 99. New born up to one week old use NB. If over one week, but less than one year old use BB. Use two characters only in age column.

Sex - M for Male and F for Female. Use one character only.

Race - White - W, Black or African American - B, American Indian or Alaska Native - I, Asian - A, Native Hawaiian or Other Pacific Islander - P, Unknown - U.
Use only these as race designations.

Ethnicity - Hispanic or Latino - H, Not Hispanic or Latino - N, Unknown - U.

National Incident Based Reporting System Form

ORI #: INCIDENT #: REPORT TYPE: <input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> SUPPLEMENT	<h1 style="margin: 0;">INCIDENT REPORT</h1> <h2 style="margin: 0;">(EXAMPLE)</h2>	INCIDENT STATUS: <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> CLEARED EXCEPTIONALLY EXCEPTIONAL CLEARANCE DATE: _____
COMPLAINANT: (Last, First, Middle) ADDRESS: (Street, City, State, Zip)		PHONE: (Home) () () (Business) () ()
LOCATION OF INCIDENT: (Address Or Block No.)		OFFENSE: (Check If Bias Motivated)
UCR OFFENSE CODE: 1. _____ 2. _____ 3. _____	DATE(S) OF INCIDENT: _____	TIME(S) OF INCIDENT: _____
BIAS MOTIVATION: (Check one for Offense #1)		
RACIAL 11 <input type="checkbox"/> ANTI - WHITE 12 <input type="checkbox"/> ANTI - BLACK 13 <input type="checkbox"/> ANTI - AMERICAN INDIAN / ALASKAN NATIVE 14 <input type="checkbox"/> ANTI - ASIAN / PACIFIC ISLANDER 15 <input type="checkbox"/> ANTI - MULTI - RACIAL GROUP ETHNICITY / NATIONAL ORIGIN 31 <input type="checkbox"/> ANTI - ARAB 32 <input type="checkbox"/> ANTI - HISPANIC 33 <input type="checkbox"/> ANTI - OTHER ETHNICITY / NATIONAL ORIGIN	RELIGIOUS 21 <input type="checkbox"/> ANTI - JEWISH 22 <input type="checkbox"/> ANTI - CATHOLIC 23 <input type="checkbox"/> ANTI - PROTESTANT 24 <input type="checkbox"/> ANTI - ISLAMIC (MOSLEM) 25 <input type="checkbox"/> ANTI - OTHER RELIGION 26 <input type="checkbox"/> ANTI - MULTI - RELIGIOUS GROUP 27 <input type="checkbox"/> ANTI - ATHEISM / AGNOSTICISM SEXUAL 41 <input type="checkbox"/> ANTI - MALE HOMOSEXUAL (GAY) 42 <input type="checkbox"/> ANTI - FEMALE HOMOSEXUAL (LESBIAN) 43 <input type="checkbox"/> ANTI - HOMOSEXUAL (GAYS AND LESBIANS) 44 <input type="checkbox"/> ANTI - HETEROSEXUAL 45 <input type="checkbox"/> ANTI - BISEXUAL	ENTER BIAS MOTIVATION CODE IF DIFFERENT FROM OFFENSE #1 #2 <input type="text"/> <input type="text"/> #3 <input type="text"/> <input type="text"/>
OFFENSE STATUS: (Check Only One Per Offense) 1. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED 2. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED 3. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED		OFFENDER(S) USED: (Check As Many As Apply) <input type="checkbox"/> ALCOHOL <input type="checkbox"/> COMPUTER EQUIP. <input type="checkbox"/> DRUGS <input type="checkbox"/> NOT APPLICABLE
LOCATION OF OFFENSE: (Check Only One) (Enter Code Number for Offense #2 _____ #3 _____) 01 <input type="checkbox"/> AIR / BUS / TRAIN TERMINAL 02 <input type="checkbox"/> BANK / SAVINGS & LOAN 03 <input type="checkbox"/> BAR / NIGHT CLUB 04 <input type="checkbox"/> CHURCH / SYNAGOGUE / TEMPLE 05 <input type="checkbox"/> COMMERCIAL / OFFICE BUILDING 06 <input type="checkbox"/> CONSTRUCTION SITE 07 <input type="checkbox"/> CONVENIENCE STORE 08 <input type="checkbox"/> DEPARTMENT / DISCOUNT STORE 09 <input type="checkbox"/> DRUG STORE / DRS OFFICE / HOSPITAL 10 <input type="checkbox"/> FIELD / WOODS 11 <input type="checkbox"/> GOVERNMENT / PUBLIC BUILDINGS 12 <input type="checkbox"/> GROCERY / SUPERMARKET 13 <input type="checkbox"/> HIGHWAY / ROAD / ALLEY 14 <input type="checkbox"/> HOTEL / MOTEL / ETC. 15 <input type="checkbox"/> JAIL / PRISON 16 <input type="checkbox"/> LAKE / WATERWAY 17 <input type="checkbox"/> LIQUOR STORE 18 <input type="checkbox"/> PARKING LOT / GARAGE 19 <input type="checkbox"/> RENTAL / STORAGE FACILITY 20 <input type="checkbox"/> RESIDENCE / HOME 21 <input type="checkbox"/> RESTAURANT 22 <input type="checkbox"/> SCHOOL / COLLEGE 23 <input type="checkbox"/> SERVICE / GAS STATION 24 <input type="checkbox"/> SPECIALTY STORE (TV, FUR, ETC.) 25 <input type="checkbox"/> OTHER / UNKNOWN		TYPE CRIMINAL ACTIVITY: (Check Up To Three) <input type="checkbox"/> BUYING / RECEIVING <input type="checkbox"/> CULTIVATING / MANUFACTURING / PUBLISHING <input type="checkbox"/> DISTRIBUTING / SELLING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING / PROMOTING / ASSISTING <input type="checkbox"/> POSSESSING / CONCEALING <input type="checkbox"/> TRANSPORTING / TRANSMITTING / IMPORTING <input type="checkbox"/> USING / CONSUMING
TYPE WEAPON / FORCE INVOLVED: (Check Up To Three) (Enter A in Box If Automatic) 11 <input type="checkbox"/> FIREARM (type not stated) 12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM 20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT 30 <input type="checkbox"/> BLUNT OBJECT 35 <input type="checkbox"/> MOTOR VEHICLE 40 <input type="checkbox"/> PERSONAL WEAPONS 50 <input type="checkbox"/> POISON 60 <input type="checkbox"/> EXPLOSIVES 65 <input type="checkbox"/> FIRE / INCENDIARY 70 <input type="checkbox"/> NARCOTICS / DRUGS 85 <input type="checkbox"/> ASPHYXIATION 90 <input type="checkbox"/> OTHER 99 <input type="checkbox"/> NONE		
VICTIM # 1: (Last, First, Middle)		PHONE: (Home) () ()
ADDRESS: (Street, City, State, Zip)		
TYPE OF VICTIM: (Check Only One) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> FINANCIAL <input type="checkbox"/> SOCIETY / PUBLIC		RACE: W <input type="checkbox"/> WHITE B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN
		SEX: M <input type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN
		AGE: _____ DOB: _____ NO. OF VICTIMS: _____
		RESIDENT STATUS: R <input type="checkbox"/> RESIDENT N <input type="checkbox"/> NON-RESIDENT U <input type="checkbox"/> UNKNOWN
		ETHNICITY: H <input type="checkbox"/> HISPANIC N <input type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN
AGGRAVATED ASSAULT / HOMICIDE CIRCUMSTANCES: (Check Up To Two) 01 <input type="checkbox"/> ARGUMENT 02 <input type="checkbox"/> ASSAULT ON LAW OFFICER 03 <input type="checkbox"/> DRUG DEALING 04 <input type="checkbox"/> GANGLAND 05 <input type="checkbox"/> JUVENILE GANG 06 <input type="checkbox"/> LOVERS' QUARREL 07 <input type="checkbox"/> MERCY KILLING 08 <input type="checkbox"/> OTHER FELONY INVOLVED 09 <input type="checkbox"/> OTHER CIRCUMSTANCES 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES		INJURY TYPE: (Check Up To Five) N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONES I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS
		VICTIM CONNECTED TO OFFENSE NUMBER ABOVE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
RELATIONSHIP OF VICTIM TO OFFENDER: (For multiple offender relationships enter offender number[s] in space) SE _____ SPOUSE CS _____ COMMON - LAW SPOUSE PA _____ PARENT SB _____ SIBLING CH _____ CHILD GP _____ GRANDPARENT GC _____ GRANDCHILD IL _____ IN-LAW SP _____ STEPARENT SC _____ STEPCHILD SS _____ STEPSIBLING OF _____ OTHER FAMILY AD _____ ACQUAINTANCE FR _____ FRIEND NE _____ NEIGHBOR BE _____ BABYSITTEE (baby) BG _____ BOY / GIRL FRIEND CF _____ CHILD OF "BOY" ABOVE HH _____ HOMOSEXUAL REL. XS _____ EX-SPOUSE EE _____ EMPLOYEE ER _____ EMPLOYER OK _____ OTHERWISE KNOWN ST _____ STRANGER VO _____ VICTIM WAS OFFENDER RU _____ RELATIONSHIP UNKNOWN		

National Incident Based Reporting System Form

PROPERTY	TYPE PROPERTY LOSS / ETC.	CODE	QUANTITY	PROPERTY DESCRIPTION INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL #, COLOR, ETC.	VALUE	DATE RECOVERED Month / Day / Year
	<input type="checkbox"/> NONE <input type="checkbox"/> BURNED <input type="checkbox"/> COUNTERFEITED / FORGED <input type="checkbox"/> DAMAGED / DESTROYED <input type="checkbox"/> RECOVERED <input type="checkbox"/> SEIZED <input type="checkbox"/> STOLEN <input type="checkbox"/> UNKNOWN					

PROPERTY DESCRIPTION CODE TABLE:
(Enter Number In Code Column Above)

01 AIRCRAFT	14 GAMBLING EQUIPMENT	28 RECREATIONAL VEHICLES
02 ALCOHOL	15 HEAVY CONSTRUCTION / INDUSTRIAL EQUIPMENT	29 STRUCTURES - SINGLE OCCUPANCY DWELLINGS
03 AUTOMOBILES	16 HOUSEHOLD GOODS	30 STRUCTURES - OTHER DWELLINGS
04 BICYCLES	17 JEWELRY / PRECIOUS METALS	31 STRUCTURES - OTHER COMMERCIAL / BUSINESS
05 BUSES	18 LIVESTOCK	32 STRUCTURES - INDUSTRIAL / MANUFACTURING
06 CLOTHES / FURS	19 MERCHANDISE	33 STRUCTURES - PUBLIC / COMMUNITY
07 COMPUTER HARDWARE / SOFTWARE	20 MONEY	34 STRUCTURES - STORAGE
08 CONSUMABLE GOODS	21 NEGOTIABLE INSTRUMENTS	35 STRUCTURES - OTHER
09 CREDIT / DEBIT CARDS	22 NONNEGOTIABLE INSTRUMENTS	36 TOOLS - POWER / HAND
10 DRUGS / NARCOTICS	23 OFFICE-TYPE EQUIPMENT	37 TRUCKS
11 DRUG / NARCOTIC EQUIPMENT	24 OTHER MOTOR VEHICLES	38 VEHICLE PARTS / ACCESSORIES
12 FARM EQUIPMENT	25 PURSES / HANDBAGS / WALLET	39 WATERCRAFT
13 FIREARMS	26 RADIOS / TVs / VCRs	77 OTHER
	27 RECORDINGS - AUDIO / VISUAL	88 PENDING INVENTORY
		99 ()

NUMBER OF OFFENDERS: _____

1. **ADDRESS:** (Street, City, State, Zip) _____

AGE: _____ **SEX:** ☐ MALE ☐ FEMALE ☐ UNKNOWN **RACE:** ☐ WHITE ☐ BLACK ☐ ASIAN ☐ INDIAN ☐ UNKNOWN **HEIGHT:** _____ **WEIGHT:** _____ **EYES:** _____ **HAIR:** _____ **CLOTHING:** _____

2. **ADDRESS:** _____

AGE: _____ **SEX:** ☐ MALE ☐ FEMALE ☐ UNKNOWN **RACE:** ☐ WHITE ☐ BLACK ☐ ASIAN ☐ INDIAN ☐ UNKNOWN **HEIGHT:** _____ **WEIGHT:** _____ **EYES:** _____ **HAIR:** _____ **CLOTHING:** _____

3. **ADDRESS:** _____

AGE: _____ **SEX:** ☐ MALE ☐ FEMALE ☐ UNKNOWN **RACE:** ☐ WHITE ☐ BLACK ☐ ASIAN ☐ INDIAN ☐ UNKNOWN **HEIGHT:** _____ **WEIGHT:** _____ **EYES:** _____ **HAIR:** _____ **CLOTHING:** _____

NUMBER OF ARRESTEES: _____ **MULTIPLE CLEARANCE INDICATOR:** ☐ MULTIPLE ☐ COUNT ARRESTEE ☐ NOT APPLICABLE

ARRESTEE #1: (Last, First, Middle) _____ **ADDRESS:** (Street, City, State, Zip) _____

AGE: _____ **SEX:** ☐ MALE ☐ FEMALE **RACE:** ☐ WHITE ☐ BLACK ☐ ASIAN ☐ INDIAN ☐ UNKNOWN **DOB:** _____ **ARRESTEE ETHNICITY:** ☐ HISPANIC ☐ NON-HISPANIC ☐ UNKNOWN **RESIDENT STATUS:** ☐ RESIDENT ☐ NON-RESIDENT ☐ UNKNOWN

ARRESTEE WAS ARMED WITH: (Check Up To Two) (Enter A In Box If Automatic)
 01 ☐ UNARMED 14 ☐ SHOTGUN
 11 ☐ FIREARM 15 ☐ OTHER FIREARM
 12 ☐ HANDGUN (type not stated) 16 ☐ LETHAL CUTTING INSTRUMENT
 13 ☐ RIFLE (e.g. Switchblade Knife, etc.)
 17 ☐ CLUB / BLACKJACK / BRASS KNUCKLES

TYPE OF ARREST: ☐ ON-VIEW ☐ SUMMONED / CITED ☐ TAKEN INTO CUSTODY

DISPOSITION OF ARRESTEE UNDER 18: ☐ HANDLED WITHIN DEPARTMENT ☐ REFERRED TO OTHER AUTHORITY

HEIGHT: _____ **WEIGHT:** _____ **EYES:** _____ **HAIR:** _____ **ARREST NUMBER:** _____ **ARREST DATE:** _____ **UCR ARREST OFFENSE CODE:** _____

WITNESS

#1 **NAME:** (Last, First, Middle) _____ **ADDRESS:** (Street, City, State, Zip) _____ **RESIDENTIAL PHONE:** _____ **BUSINESS PHONE:** _____

#2 _____

NARRATIVE

☐ continued on supplement

Appendix K

Firearm Trace Request

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

OMB No. 1140-0043

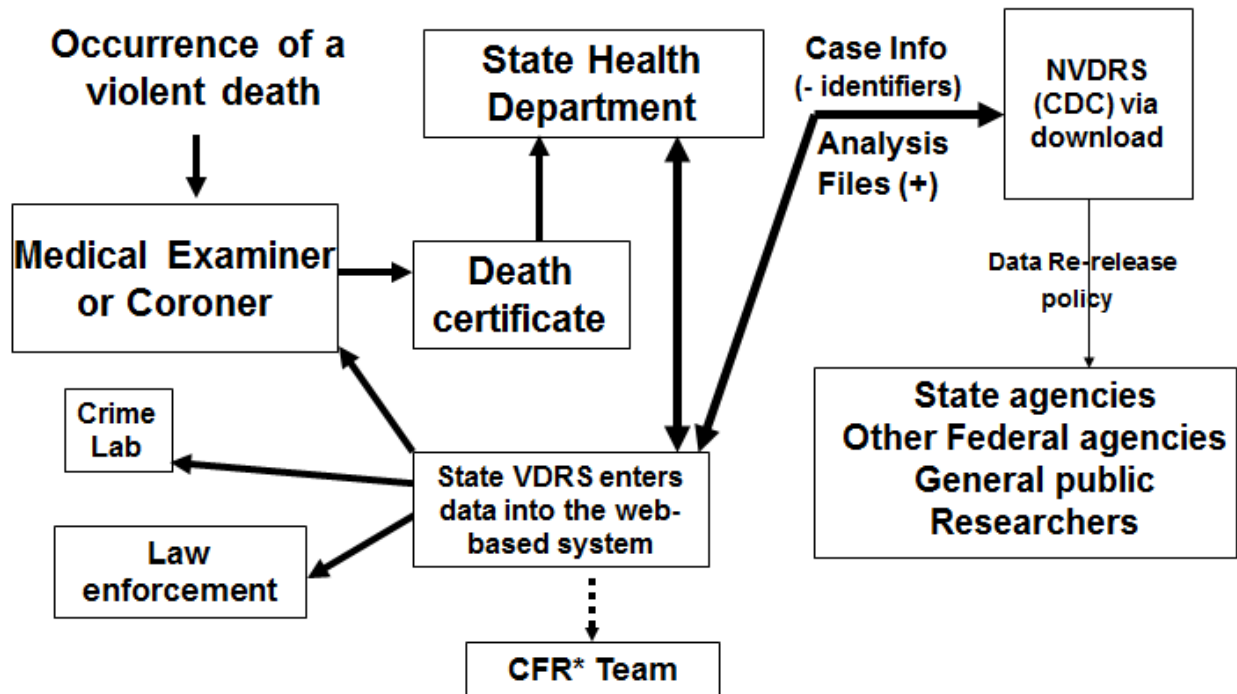
National Tracing Center Trace Request

Phone: 1-800-788-7133		Martinsburg, WV 25405		Fax: 1-800-578-7223	
FOR NTC DATA ENTRY ONLY				Page 1 of 2 - Trace Request Information	
NOTE: * - Required Entry Field (Must be completed for trace processing) ** - Required Entry With Listed Data Response (See back for codes and options)					
Part I - Trace Initiation Information					
1a. Date of Request		1b. Priority** Routine <input type="checkbox"/> Urgent (Justification required) <input type="checkbox"/> For NTC Data Entry Only <input type="checkbox"/>		Justification	
1c. Special Instructions					
Part II - Crime Code Information					
2a. NCIC Crime Code**:		2b. Project Code, Project Title, or other Initiative (If you wish to obtain a Project Code, contact the Chief, Firearms Tracing Branch, ATF National Tracing Center)**:			
Part III - ATF Agent Requesting Trace					
3a. Organization Code*		3b. Phone Number: Fax Number: E-Mail:		3c. ATF Special Agent's Name (Last, first, middle)	
3d. Badge Number		3e. ATF Case Number		3f. Field Office	
Part IV - Other Agency Requesting Trace					
4a. ORI Number*		4b. Phone Number: Fax Number: E-Mail:		4c. Other Agency Officer's Name (Last, first, middle)	
4d. Badge Number		4e. Other Agency Case Number		4f. Department/Unit	
4g. Mailing Address					
Part V - Firearms Information					
5a. Serial Number* (From Frame or Receiver)		5b. Obliterated (If yes, complete Part IX) Yes <input type="checkbox"/> No <input type="checkbox"/>		5c. Firearms Manufacturer*	
5d. Type*		5e. Caliber*		5f. Model*	
				5g. Country of Origin* (Importer required if other than U.S.)	
5h. Importer*		5i. Additional Markings			
Part VI - Possessor Information					
6a. Name (Last, First, Middle, Suffix)					
6b. Alias (If given) (Last, First, Middle, Suffix)					
6c. Alias Date of Birth					
6d. Height		6e. Weight		6f. Sex	
6g. Race (Check one only)		Asian <input type="checkbox"/>		Hispanic <input type="checkbox"/>	
American Indian or Alaskan Native <input type="checkbox"/>		Black or African American <input type="checkbox"/>		White <input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander <input type="checkbox"/>		Other (Specify) <input type="checkbox"/>			
6i. Apt. Number		6j. Street No.		6k. Direction	
6l. Street Name		6m. City			
6n. County		6o. State		6p. Zip Code (Nine Digit Number)	
				6q. Country	
6r. Date of Birth		6s. Place of Birth		6t. Possessor's ID Number	
				6u. ID Type/State	

Requestor's Name*				Page 2 of 2 - Trace Request Information	
Part VII - Associate Information					
7a. Name (Last, First, Middle, Suffix)					
7b. Alias (if given) (Last, First, Middle, Suffix)					7c. Alias Date of Birth
7d. Height	7e. Weight	7f. Sex	7g. Race (Check one only)		7h. Address - Route Number
			American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		
7i. Apt. Number	7j. Street No.	7k. Direction	7l. Street Name		7m. City
7n. Country		7o. State		7p. Zip Code (Nine Digit Number)	7q. Country
7r. Date of Birth	7s. Place of Birth		7t. Associate's ID Number		7u. ID Type/State
Part VIII - Firearm Recovery Information					
8a. Recovery Date*	8b. Street Number	8c. Direction	8d. Street Name	8e. Suffix	8f. Route Number
8g. Apt. Number	8h. City*		8i. Country	8j. State*	8k. Zip Code
8l. Country					
8m. Additional Information					
Part IX - Obliterated Serial Number Information					
9a. Serial Number Category (Check one of the following serial number categories)					
Restoration Pending <input type="checkbox"/>		Serial Number Restored <input type="checkbox"/>		Partial Serial Number <input type="checkbox"/>	
Unable To Restore Serial Number <input type="checkbox"/>		Attempt to Obliterate Serial Number <input type="checkbox"/>		Research/Review Multiple Serial Number Combinations <input type="checkbox"/>	
9b. Serial Number Being Submitted					
NOTE: On partial serial numbers enter * where character was unable to be recovered.					
9c. Obliteration Method Used (Check all that apply)					
AG - Worn by Age <input type="checkbox"/>		DR - Drill <input type="checkbox"/>		ES - Electric Scribe <input type="checkbox"/>	
FI - Filled In <input type="checkbox"/>		GC - Grinder Course <input type="checkbox"/>		GS - Grinder Smooth <input type="checkbox"/>	
GV - Grinder Concave <input type="checkbox"/>		PD - Peened <input type="checkbox"/>		PN - Punch <input type="checkbox"/>	
SB - Scratch Pointed/BROA <input type="checkbox"/>		SN - Scratch Pointed/NARR <input type="checkbox"/>		OR - Other <input type="checkbox"/>	
9d. Additional Remarks, Firearms Markings, Possible Serial Number Combinations, or Other Special Instructions					

Appendix L

NVDRS Information Flow



Appendix M

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